

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049407

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12411

FILED DEC 20 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF
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USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	
ITEM NO.		

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS 8909 Iroquois		3. NAME OF DECEASED (Type or print) IDA FARER		4. DATE OF DEATH Dec. 16, 1963		5. SEX Female		6. COLOR OR RACE Cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/10/1907		9. AGE (last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harry Silk		13b. MOTHER'S MAIDEN NAME Beckie Muchnick		14. NAME OF HUSBAND OR WIFE Abe		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Abe Farer 8909 Iroquois		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Myocardial Ischemia</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 10 years		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE													
21. I attended the deceased from <u>1963</u> to <u>Dec 16 1963</u> and last saw him alive on <u>12/15/63</u> Death occurred at <u>8</u> <u>Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>James Friedman MD</u>		22b. ADDRESS <u>607 No. Grand Ave.</u>		22c. DATE SIGNED <u>12/16/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		23b. DATE <u>12/17/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emet</u>		23d. LOCATION (City, town, or county) <u>University Mo.</u>		23e. STATE <u>Mo.</u>													
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 16 1963</u>													

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Signed

P. O. Address _____

If this body is not embalmed, fact should be so stated above.